

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4130</u>	2. Fiscal Year Covered From: <u>01</u> / <u>01</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>Roger D. Erickson</u> P.O. Box, Bldg., Room No., if any _____ Street <u>11604 E. 9th Street</u> City <u>Independence</u> State <u>MO</u> ZIP Code + 4 <u>64054</u>	4. Name, file number, and address of labor organization. Name <u>Boilermakers Local 83</u> Labor Organization File Number <u>037-291</u> P.O. Box, Building and Room Number, if any _____ Street <u>5910 E. 86th Street</u> City <u>Kansas City</u> State <u>MO</u> ZIP Code + 4 <u>64138</u>
5. Position in labor organization. <u>Business Manager/Sec.-Treasurer</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ _____ _____ 7.b. Amount. _____ _____ _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Roger Erickson

On

7/12/05

Date

(816)252-8845

Telephone Number

Name of Person Filing

Roger Erickson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Boilermakers National Health and Welfare FundTrade Name, if any: International Brotherhood of Boilermakers

P.O. Box, Bldg., Room No., if any

Street 754 Minnesota Avenue, Suite 522City Kansas CityState KS ZIP Code + 4 66101-2760

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

A Trustee on a Taft-Hartley Trust providing Health Care benefits for its participants11.b. Approximate dollar value of such dealing. Info. not ascertainable

12.a. Nature of interest held or income received.

Reimbursement for expenses (transportation, lodging, meals) incurred by attending Trust Meetings.12.b. Amount. \$3937.14

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing Roger Erickson

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Southeast Area Joint Apprenticeship
Committee
Trade Name, if any: International Brotherhood of
Boilermakers
P.O. Box, Bldg., Room No., if any
Street 3715 Upper Creek Drive
City Dublin
State FL ZIP Code + 4 33573-6840

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

11.a. Nature of such dealing.

I am a Board Member on the Trust Committee that administers and sets policy for indentured apprentices within its geographic jurisdiction.

11.b. Approximate dollar value of such dealing. Info. not ascertainable

12.a. Nature of interest held or income received.

Reimbursements for expenses (transportation, lodging, meals) incurred by attending Committee Meetings.

12.b. Amount. \$3237.43

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
Trade Name, if any:
P.O. Box, Bldg., Room No., if any
Street
City
State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.